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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Aventis Docket Number USAV2001/0079US NP											
In re Application of Stephen J. Minshull, et al													
Application Number 10/665,873		Filed	September 18, 2003										
For Inhaler													
Group Art Unit 3761		Examiner	To Be Assigned										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension fees are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td><u>\$ 110.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td><u>\$ 420.00</u></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td><u>\$ 950.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td><u>\$ 1,480.00</u></td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td><u>\$ 2,010.00</u></td></tr></table> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1982</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record (Customer No. <u>005487</u>).</p> <p>Date _____ Signature _____ William C. Coppola, Reg. No. 41,686 Typed or Printed Name</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>\$ 110.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<u>\$ 420.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<u>\$ 950.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<u>\$ 1,480.00</u>	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<u>\$ 2,010.00</u>
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<u>\$ 1,480.00</u>												
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<u>\$ 2,010.00</u>												

Burden Hour Statement. This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22131.
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